CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTED this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Edwardo		OFFICE USE ONLY
4 CANDIDATE/	NICKNAME LAST Eddie Holguir ADDRESS / PO BOX: APT / SUITE #; C	SUFFIX JC. SITY: STATE: ZIP CODE	OS JA
OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 17641		Date Hand-delivered or Date Postmarked M
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amounts -
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS. FIRST LAST HOLDIAN	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	EI Paso, TX	ZIP CODE 79902
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	Month Day Year THROU	Month Day	Final report (Attach C/OH - FR) Year
11 ELECTION	Month Dey Year ELECTION TYPE		General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	resentative #6
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expend Candidates are required to disclose this information on	ditures made by others without the candi	idate's prior consent or approval
INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State; Zig	p Code	
additional pages			
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORI	O TOTAL	.5	COVER SHEET PG Z
15 C/OH NAME		1	16ACCOUNT#(Ethics Commission filers)
	socie Ho	laun Ir	- 0
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been made	tice of political expenditures by political committees to support the candie e without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	18 LER
	GENERAL	COMMITTEE ADDRESS	PH K
	SPECIFIC		18 T.
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,050
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$4,985.66
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA'	\$4,985.66 \$ 450.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
No.	OSA MARIA HERE tary Public, State of 1 My Commission Expli 04-25-2006	me under Title 15, Election Code.	formation required to be reported by
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candida	ate or Officeholder
. 1.	_	ne said <u>FD01E HOLGUIN</u> , JR.	this the 13 th day
Signature of officer adm	Deader	fy which, witness my hand and seal of office. **ROSA MARIA HEREDIA** Printed name of officer administering oath Title	チスソーリックの の officer administering oath
	arai 11 il 08111	Title	of officer administering oath

Texas Ethics Co	mmission P.O. Box 12070 Aust	tin, Texas 78711-20	70 (512) 46	<u>3-5800 1-800-325-850</u>
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	18		SCHEDULE A
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAM	Eddie Holgwin Jr.		3 ACCOUNT # (Et	hics Commission filers)
11/6/04	5 Full name of contributor out-of-state PAC (ID# Jerry Pedroza 6 Contributor address; City; State; Zip Code 322 Pendade		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	El Paso TX 7990 pation / Job title (See Instructions)	10 Employer (See In	note estione)	l rental
	ness nam	10 Employer (See II	istructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/22/04	Contributor address; City; State; Zip Code	•	\$400°	enpie
	El Paso, TX 79915			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
12/14/04	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
•	El Paso, TX 79925	Se.E	4200	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Jose Fong		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/21/04	Contributor address; City; State; Zip Code 2049 POSCO DEC RE	-	4250	
Delevior	E1 Paso, T7 79936	, !	i	95 CT
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	AN C
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			DEPT
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	•
			•	

1	ICAL EXPENDITURES FROM PERSONAL FUNDS	`	SCHEDULE G
The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Sch	edule G:
2 FILER NAM	Holguin Jr.	3 ACCOUNT#(E	thics Commission filers)
4 Date	5 Payee name Office Depot 6 Payee address; City: State: Zip Code 1313 George Dieter #B		8 Amount (\$)
	FI Paso, TX TOP36 7 Purpose of expenditure (See instructions regarding type of information required SUPPICS	uired.)	Reimbursement — from political contribution intended
Date	Payee name FEDEX KINKOS Payee address; City; State; Zip Code		Amo (5) 70
40pe 01	1410 Lee Trevino El Paso, TX 79936		A 13 THE DEPT
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended
Date	Border Tobacco Co. Party B Pavee address: City: State: Zip Code 6440 Gatenay East Blvd El Paso TX 70405	IMO	450.37
	Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
Date	Payee name Nena Castaneda Payee address; City; State; Zip Code 150 GIBBS El Paso TX 19907		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	1	Reimbursement from political contributions intended
Date	Payee name Licenced to Party Karaoke Payee address; City, State; Zip Code	,	Amount (\$)
1/6/04	9000 MT. CAEMEL CLPQSO TX 79907 Purpose of expenditure (See instructions regarding type of information require	ed.) [Reimbursement from political
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	contributions intended

(512) 463-5800

4	TICAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G
The instruct	TION GUIDE explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAI	Eddie Holgnin Jr.	3 ACCOUNT # (Ethics Commission filers)
11 6 CH	5 Payee name Wal-Mar+ 6 Payee address; City; State; Zip Code 9441 Alameda El Paso TX 79907 7 Purpose of expenditure (See instructions regarding type of information requires)	Reimbursament from political contributions intended
Date	Payee address; City: State: Zip Code	Amount (\$)
11/6/04	Purpose of expenditure (See instructions regarding type of information required to the contraction of the co	from political
Date	Payee name	
11/6/04	Payee address: City, State; Zip Code SAA Pendale El Paso, TX 79907 Purpose of expenditure (See instructions regarding type of information requirements) Party Wall Cental	Reimbursement from political contributions intended
Date	Payee name Thanto's Ligher Store Payee address; City; State; Zip Code P10 NOrth Loop E1 Pago TX P915 Purpose of expenditure (See instructions regarding type of information required to the party of the party o	Reimbursement from political contributions intended
Date	Charchannel Outdoor	Amount (\$)
1/15/04	Payee address; City: State; Zip Code 2305 Sporkman El Paso TX 79903 Purpose of expenditure (See instructions regarding type of information require	Reimbursement from political
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	contributions intended

	CAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G
The Instruction	N Guide explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAM	Eddie Holamin Jr.	3 ACCOUNT # (Ethics Commission filers)
11/18/04	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 1313 George Dieter #B	8 Amount (\$) 13 CT
	7 Purpose of expenditure (See instructions regarding type of information required the head + envelopes	Reimbursement from political contributions intended
11/19/04	Payer nampostal Scrvice Payer address; City; State; Zip Code 4 Steta Station FI Paso TX 79917	Amount DEPT.
	Purpose of expenditure (See instructions regarding type of information requ	Reimbursement from political contributions intended
Date 11/21/04	Payee accless; City State; Zip Code 1410 Lee Trevino El Paso, TX 79926	Amount (\$) \$13.44
Date	Purpose of expenditure (See instructions regarding type of information requi	red.) Reimbursement from political contributions intended
ulaalo4	Payee name Coutaki Payee address; City; State; Zip Code 7357 Alameda El Paso, TX 79915 Purpose of expenditure (See instructions regarding type of information requirements)	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code 1125 N. Zarag Oza El Pago TV TOGO	Amount (\$) \$452.41
	Purpose of expenditure (See instructions regarding type of information require	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

1	TICAL EXPENDITURES FROM PERSONAL FUNDS	`	SCHEDULE G
The Instruct	TION GUIDE explains how to complete this form.	1 Total pages Scho	edule G:
2 FILER NAI	ME Eddie Holamin Ir	3 ACCOUNT # (E	thics Commission filers)
11/23/04 E	5 Payee name US POSTAL SETVILL 6 Payee address; City: State: Zip Code USICHA SHOTH OF EL PASO TX TAGI 7 Purpose of expenditure (See instructions regarding type of information requirements) May 1 - Out	uired.)	8 Amount (\$) \$50\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
Date	Payee name H++ H Dinero Tree Payee address; City; State: Zip Code 9000 may flower El Paso TX 79925 Purpose of expenditure (See instructions regarding type of information requirements)	uired.)	Reimbursement from political contributions intended
Date	Speaking Rock Casino		Amount
11/24/04	Payde address: City: State. Zip Code 122 S. Fuculto Rd. El Paso TX 7990 Purpose of expenditure (See instructions regarding type of information required to the part of the	irod.) Junner	Reimbursement from political contributions intended
Date 12/14/04	Payee name NAI-MA(+ Payee address; City; State; Zip Code A41 Alameda El Paso, TX 79907 Purpose of expenditure (See instructions regarding type of information requirements) Candy baskets for youth a	ired.)	Amount (\$) AGU.59 Reimbursement from political contributions intended
Date	Payee name Family Dollar Payee address; City; State; Zip Code 9341 Alameda El faso TY 79907 Purpose of expenditure (See instructions regarding type of information require Candy baskets for worth as	ed.)	Amount (\$) Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	

1	ICAL EXPENDITURES FROM PERSONAL FUNDS	`	SCHEDULE G
The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Sch	edule G:
2 FILER NAM	Eddie Holanin Jr.	3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Payer name Pastal Service		8 Amount (\$)
12/20/04	6 Payee address; City; State; Zip Code 15 1-15 - 15 - 15 - 15 - 15 - 15 - 15	aired.)	\$33.30
	stamps		from political contributions intended
Date	Payee name Smar+z Printing Payee address: City: State: Zip Code		Amount (\$)
12/80/91			\$100 MA
	Purpose of expenditure (See instructions regarding type of information required Christmas Card mail-Out		Reimbursement from politice contributions intended
12/22/04	Payee name Leke's Supermarket Payee address: City: State Zip Code 115 Johnson TX 79907		Amount Dm P
	Purpose of expenditure (See instructions regarding type of information required to the composition of the co	red.)	Reimbursement from political contributions intended
Date 12 22 04	Payee name Social Baker y Payee address; City; State Zip Code		Amount (\$) \$ 22.50
	Campaign Christmas par	+	Reimbursement from political contributions intended
Date	Bernan Propane		Amount (\$)
2/23/04	Payee address; City: State: Zip Code SOIS Gatenan Glyd El Paso, TX 70190		\$21.00
	Purpose of expenditure (See instructions regarding type of information require	ed.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	
· · · · · · · · · · · · · · · · · · ·			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sche	edule G:
2 FILER NAM	IE	3 ACCOUNT# (Et	thics Commission filers)
	Eddie Holanin Jr.		
4 Date	5 Payee name	. ^ 1	8 Amount
	Karina + Samanthas Pa	ith Kent	tals (5)
1 , 121	6 Payee address; City; State; Zip Code 11405 Rex Boxter Dr.	7	\$100.00
122304	MAD KEY DOUTED DI.		\$ 100.
1-4	7 Purpose of expenditure (See instructions regarding type of information requ	dend \	Reimbursement
	As and Abaile	Area.)	from political contributions
	Campaign Christmas pai	ty	intended
Date	Payee name	U	Amount (\$)
	Payee address; City; State; Zip Code		7 6 5
1-1-0/01	510 N. Zaragoza	i	\$26. B
12/29/04	El Paso TX 79907	ļ.	1 1 2
-	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement
	campaign meeting		from political contributions intended
Date	Payee pame		Amount
	DIA COTO		(\$)
	Payee address; City; State; Zip Code TOO N Zaraa Oza# C	ļ	\$69.
1/8/05	TI DAM TY TODAGT		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Purpose of expenditure (See instructions regarding type of information requi	imad \	Reimbursement
	partyl cassercte dishes	160.7	from political contributions
			intended
Date	Payor name H& H Dinero Tree		Amount (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • •	1 - 00 98
المماميا.	9000 manflower		450U."
Molon	E1 Paso, TX 79925		İ
	Purpose of expenditure (See instructions regarding type of information requi	ired.)	Reimbursement from political
	mail-out		contributions intended
Date	Rayee name		Amount
-	Payee address; City: State: Zip Code		(\$)
, , ,	Payee address; City; State; Zip Code		470.00
113041	A Pain TX TAAAA		τ 10-
1, , , ,	Purpose of expenditure (See instructions regarding type of information requin	ned.)	Reimbursement
	Dillboards		from political contributions
1	UIII COMCIS		ìntended

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